

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 28 1936

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

43725

1. PLACE OF DEATH

County Bates Registration District No. 50
 Township..... Primary Registration District No. 3004
 City Butler (No.) St. Ward)

File No.
 Registered No. 105

2. FULL NAME

Eliza Ann Iron
 (a) Residence, No. 303 W mill St., Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5th 36

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Jasper & Iron

BY I HEREBY CERTIFY, That I attended deceased from Nov. 29th 36 to Dec 5th 36

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18 1857

I last saw him alive on Dec 5th 36 Death is said to have occurred on the date stated above, at 2:30 a.m.

7. AGE YEARS 79 MONTHS 0 DAYS 17 If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

Broncho pneumonia Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coventry Mass.

Other contributory causes of importance:
100%

13. NAME Don't know Rogers

Name of operation..... Date of.....
 What test confirmed diagnosis? Chest Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury..... 19.....

15. MAIDEN NAME Don't know

Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

Manner of injury.....
 Nature of injury.....

17. INFORMANT Eliza A. Iron
 (ADDRESS) Butler Mo

24. Was disease or injury in any way related to occupation of deceased? no

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oak Hill DATE Dec 7th 1936

If so, specify H. J. Lapham
 (Signed) Butler Mo, M. D.
 (Address)

19. UNDERTAKER Culvers
 (ADDRESS) Butler Mo.

20. FILED Dec 7 1936 Nina L Culver
 Registrar.

